



Medics Forward

"Any mission, Anywhere!"

Volume 1, Issue 4 Heidelberg, Germany

October 2003



Medical transportation changes announced in Europe

Heidelberg, Germany – When the US Air Force retires the C-9A Nightingale fleet this month, health care beneficiaries who usually fly that aircraft to seek routine care at Landstuhl Army Regional Medical Center will see some changes in medical transportation. The C-9s have provided medical evacuation for routine, priority and urgent care patients through scheduled weekly missions in Azores, Turkey, Spain, England and Italy. The last C-9A flight in Europe was on Sept. 22.

According to Brig. Gen. Elder Granger, TRICARE Europe Lead Agent and Commander, Europe Regional Medical Command, the transportation process is changing but continued access to quality health care here in Europe will remain constant. A C-21 and crew will be on alert 24 hours a day for urgent medical evacuation missions.

The C-9 retirement will have no impact on deployed areas since aeromedical evacuation in contingency areas is almost always performed by the C-130, C-141 and C-17 with integral air medical capabilities and medical crews on board.

With the C-9 retirement, most patients who do not require



The United States Air Force has retired the C-9A Nightingale Fleet. Beneficiaries will see some changes in medical transportation. C-9A retirement will have no impact on deployed areas since aeromedical evacuation in contingency areas is almost always performed by the C-130, C-141, and C-17 with integral air medical capabilities and medical crews on board.

Photo courtesy of Defense Visual Information Center

in-flight medical care or oversight will generally travel to medical center appointments by commercial means (air, rail, car) or be referred to host nation health care providers. Patients who require in-flight medical care will continue to be moved through aeromedical evacuation missions.

Local medical facilities will take the lead to determine the most appropriate and effective care plan for patients requiring routine health care – temporary duty to the military medical center or care from a local host nation healthcare provider.

"In Europe, we have a robust

network of qualified, caring host nation health care providers that will augment some of our routine health care needs," Granger said.

"We also have patient liaisons at our hospitals and clinics to assist any of our patients who have concerns about language or cultural differences. These staff members are familiar with the local health care system, they know many of the local health care providers, they speak the local languages, and they are fluent in the needs of our beneficiaries and the best ways to assist them."

INSIDE THIS ISSUE:



Lance Cpls. Jimmy Guerra (left) and Joseph Newman, combat casualties from Operation Iraqi Freedom, look at donated clothes in the Deployed Warrior Medical Management Center April 14 at Landstuhl Regional Medical Center. Guerra, a reservist from Los Angeles, and Newman, from Herndon, Va., received clothes, shoes and toiletries. See story page 3.

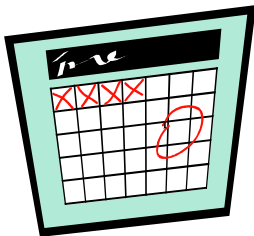
Operation Iraqi Freedom & Operation Enduring Freedom as of Oct. 15, 2003

Clinical Operations

- OIF patients 7,141
- OEF patients 1,864

USAMMCE

- Line items 196,000
- DoD customers 479
- \$140 million



Don't forget...

- Oct. 30–31
ERMC Commanders' Conference
- Dec. 5
HMEDDAC
Holiday Ball Village
Pavilion,
Patrick Henry Village,
Heidelberg
- Dec. 6
WMEDDAC
Holiday Ball
Wuerzburg Residenz
- Dec. 17
LARMC Holiday Ball
Ramstein O'Club

"The Land Combat Expo was a great success. It was a way for service members, their families, and local nationals to experience the mission of the United States Army medical services and see what all they have to offer."

William Burgess
Director, Wellness
Center, USAMH

Land Combat Expo 2003

Medical services showcase mission to service members and their families



Sgt. Michael Craft of USAMH tries on the Empathy Belly. The Empathy Belly is one part of the Wellness Center's resources to have people experience the feeling of being pregnant.



First Sgt. Daniel E. Weis, USAMH, spends a few minutes relaxing in the massage chair located at the Wellness Center booth.



A student looks at a walking stick bug that is part of the USACHPPM-Europe's Environmental Health Display during the Land Combat Expo held at Patrick Henry Village Sept. 9–11.



Kathy Gregory, Fisher House Manager, talks with a visitor during the Land Combat Expo.

Photos by Tracy Baily, USAMH, Public Affairs, and Staff Sgt. Kelly Bridgwater, ERMC, Public Affairs

Landstuhl donations help comfort wounded warriors

**Story and photos by
Sgt. Phillip Breedlove,
LARMC Public Affairs**

When wounded warriors arrive at Landstuhl Regional Medical Center, the last thing on their list of worries should be clothing, shoes or personal hygiene products.

According to Loretta Wood, administrative assistant with the LARMC Chaplains Office and a volunteer with Pastoral Services clothes closet, this will never be a concern of theirs if LARMC has anything to say about it.

"They endure a lot when they go down range," Wood said. "This is just reaching out and showing appreciation," Wood said. "It's a small token for what they have given."

Chaplain (Col.) David McLean, Europe Regional Medical Command chaplain, said, "Even though the military system provides uniform items to these wounded warriors, these donations tell them just how much the American public cares."

Wood is the primary person at LARMC that coordinates delivering the donations from organizations and individuals to patients from downrange that receive care at LARMC.

The donations are kept in a clothes closet where the warriors can acquire clothing, shoes and personal hygiene products. She and 12 to 15 volunteers sort the clothing, staff the closet and perform any other duties required to keep the service available.

"None of this could be done

without the long hours and selfless service of volunteers sorting and distributing donated goods to help our troops."

As of September 16, LARMC has treated approximately 6,000 service members from Operation Iraqi Freedom and 1,800 patients from Operation Enduring Freedom. Wood says the clothes closet has helped approximately 6,000 individuals including the patients' escorts and family members.

Hundreds of individuals and organizations throughout the world donated anywhere from a \$20 box of clothing to a 10,000-pound pallet of necessities. Additionally they received approximately \$20,000 in gift certificate checks.

"It's great that so many people supplied the things we were able to get," said Lance Cpl. Adam Michali, a reservist assigned to a Marine Corps truck company in Ebensburg, Pa. "It made me feel closer to home."

With all of these donations, Wood says they've never had a problem providing for the troops. "We never turn anyone away when they needed necessities," Wood said. "In the worst case scenario, we'd have to tell them to wait until tomorrow."

Wood said the donations had fluctuated throughout the Global War on Terrorism. During OEF, a small but sufficient clothes closet was established.

In March when Operation Iraqi

Freedom kicked off, the closet received several pallets worth of essentials donated by corporations and had a steady supply of about 10 boxes per day coming in.

However the donations started to drop off in May. By July, Wood said they were running close to the end of their stock pile of donations. The office is currently receiving about five boxes of donations per week. Wood said they must now rely on other sources to help keep the closet stocked and the troops happy.

The VFW, schools, churches as well as major corporations have all been significant contributors to the cause.

In addition to donating necessities, AAFES set up a web site that allowed any individual with internet access and a bank account to donate a gift certificate. Through their web site at www.aafes.com, they were able to raise over \$20,000 in certificates.

Additionally the Department of Defense authorized service members injured downrange a \$250 AAFES voucher that can be provided to patients with special needs.

Organizations such as the Red Cross, Army Emergency Relief and Air Force Aid Society, the Navy Marine Relief, the USO and Red Cross have provided an ongoing assistance.

"It has taken a lot of people to put this together," Wood said. "Without the donations and the support of the volunteers, none of this could have happened."

LARMC



Lance Cpls. Jimmy Guerra (left) and Joseph Newman, combat casualties from Operation Iraqi Freedom. The soldiers look through a variety of donations at the Deployed Warrior Medical Management Center at Landstuhl Regional Medical Center.

"It's great that so many people supplied the things we were able to get," said Lance Cpl. Adam Michali, a reservist assigned to a Marine Corps truck company in Ebensburg, Pa. "It made me feel closer to home."

H-MEDDAC



USAMH soldiers awarded the Expert Field Medical Badge.

"One of the most challenging things for me was the litter obstacle course. We had four person teams that carried a patient on a stretcher through a series of obstacles. On test day, they used so much smoke that we could hardly see each other when we were going over high walls and under barbed wire—quite an experience," said Mahoney.

Five soldiers from USAMH earn the Expert Field Medical Badge

By Tracy Bailey
H-MEDDAC, Public Affairs

Heidelberg, Germany — The health of the individual soldier is an important factor in conserving the fighting strength. History often demonstrates that the course of the battle is influenced more by the health of the soldier than by strategy or tactics. The proud tradition of the Expert Field Medical Badge (EFMB) is one of the major factors in conserving the fighting strength while taking the skills of medics under fire. Twenty five soldiers from the US Army Medical Department Activity, Heidelberg, sought this coveted badge in early September. Five soldiers achieved their mission. They are CPT Bergen Mahoney, Army Nurse Corp, Labor and Delivery; 1LT Jeanne Abalos, Medical Service Corp, Adjutant; 1LT Jennifer Aguiar, Army Nurse Corp, Medical/Surgical Unit; SGT William Thorne and SGT Ezell Martin, both are medics from the Mannheim Army Health Clinic.

All participants worked their way through many grueling medical tasks during a two-week training and testing period. Tasks include the APFT, weapons qualification, a comprehensive written test, land navigation by day and night, field communications, chemical and biological survival, Emergency Medical Treatment patient evacuation, and culminating the week's events with skills testing and a 12-mile road march that must be completed in three hours. If at

any point a soldier fails a task or even a small portion of a task, he or she is sent back to his or her unit.

"One of the most challenging things for me was the litter obstacle course. We had four person teams that carried a patient on a stretcher through a series of obstacles. On test day, they used so much smoke that we could hardly see each other when we were going over high walls and under barbed wire—quite an experience," said Mahoney. An ROTC graduate of Grand Canyon University, Phoenix, Arizona Mahoney was commissioned in 1997 as a 2LT. This was her second attempt for the EFMB. "I am very happy that the EFMB is officially part of my uniform!"

For Abalos, the best part was "Knowing that if I performed each task to the standard, then I would never have to do that particular task again," said Abalos. This is also Abalos' second attempt at EFMB.

"When the opportunity presented itself again, I knew that I had to go out for it again to prove to myself that I can do it." Abalos was commissioned in 2001 after completing a degree from the University of California at Davis with a Bachelor of Science degree in neurobiology, physiology and behavior.

Aguiar went out for the badge because everyone said it was hard and the pass rate was low. "I think the badge helps me as an

officer trying to lead and motivate soldiers. If the soldiers see that I can do it then they know that they can do it!" Aguiar enlisted in the Army at 17, applied and was accepted for an ROTC scholarship to Northeastern University. Heidelberg is her first duty station. "EFMB is hard to get but worth it. Even if it takes more than once to get it, it is still good training."

Thorne went out for the badge because he did not complete it in his first attempt when he was a private at Fort Hood, Texas. "I don't like failure. I wanted the badge. It was a personal goal for me to achieve the EFMB," said Thorne. "The best part of this training was the time allotted to the candidates to study on their own. Also the Emergency Medical Technician lane was really interesting because we had a scenario set up—an infantry unit was ambushed and you had to treat four to six casualties that had injuries anywhere from amputations to sucking chest wounds," explained Thorne.

This was Martin's third attempt at EFMB. "The best part for me was the hands on training and all the study halls. I felt that the training was well orchestrated. The worst part was the anxiety of getting through the Litter Obstacle Course!" Thorne is a medic with the Mannheim Army Health Clinic and has been at Mannheim since July 2002 and in the Army since June 1996.

What's all the hype about HIPAA?

By Jessica P. Frost
U.S. Army Hospital, Wuerzburg

If you receive military health care you should have recently received a Notice of Privacy Practices in the mail or from your local Military Treatment Facility, or MTF.

This document outlines new regulations and how they affect your health care privacy. The Health Insurance Portability and Accountability Act of 1996, or HIPAA, established national guidelines for maintaining the flow of health information while protecting patient privacy.

"Everyone's privacy needs to be safeguarded, but our facility also needs to use patient information to carry out our routine duties. HIPAA provides a balance between both," said Capt. Lori Hill, Wuerzburg Hospital's Privacy Officer.

What are the changes? Disclosure: HIPAA defines what Protected Health Information, or PHI, can be used and shared.

Your PHI can be shared between staff and facilities involved in your treatment, payment, or their general operations, or TPO.

Your information can also be shared with friends and family who take part in your health care, or you can request that no one be informed of your condition or whereabouts.

There are public interest reasons that would allow information release, varying from legal requirements to victims of abuse to essential government functions, such as mili-



Sgt. Latonya Marshall, Wuerzburg MEDDAC record section, ensures information in patient records is protected.

Photo Courtesy
Roger Teel,
W-MEDAAC
Public Affairs

tary missions. Written authorizations - If there is a non-TPO reason for the release of information, then an authorization is required. Your MTF's Patient Administration Division has the form and handles requests.

Disclosure tracking - You can request a list of past disclosures not related to TPO, up to six years back, but no earlier than April 14, 2003.

Restrictions and amendments - You can request a restriction on the release of your record or an amendment to it.

Alternate communications - You can request alternative means or locations for communications with your MTF.

The staff at all MTF's have been trained in the new HIPAA guidelines. They employ the minimum disclosure rule, only sharing information when it is essential to a patient's well-being or to completing their

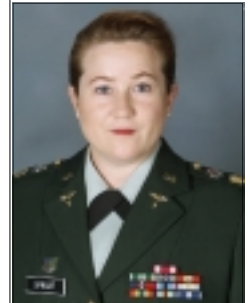
job. "Although our staff has an excellent record and has not received any valid privacy-related complaints, HIPAA has made everyone more conscientious when handling patient information," Hill said

There will be changes at your MTF. You may be asked to provide additional identification or written authorizations when receiving care. Please be patient as the staff adjusts its practices to safeguard your privacy.

If you feel that your health information has not been handled in a professional manner or has been inappropriately disclosed, you have the right to file a complaint at your local MTF, or with the US Department of Health and Human Services.

For HIPAA questions call: DSN 314-350-2350 or civilian 49(0)931-8042350.

W-MEDDAC



Maj. Sara Breckenridge Sproat of Wuerzburg MEDDAC, and 67th recipient of the Journal for Nurses in Staff Development Helen Tobin Writer's Award for an article titled *Principles of Web Site Development and Design: Powerful Educational Tools*.

The article appeared in the March/April 2002 issue *Journal of Nursing Staff Development*.

Helen Tobin was a pioneer in nursing staff development and contributed a great deal to this specialty area of nursing practice.

"It is a privilege and honor for JNSD to present this award in her name," Sproat said.

"Although our staff has an excellent record and has not received any valid privacy related complaints, HIPAA has made everyone more conscientious when handling patient information," Hill said.

ERDC

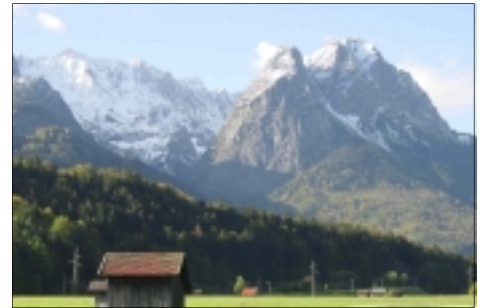


ERDC Mission

The ERDC team ensures the dental readiness and deployability of the forward deployed military force in U.S. Army Europe ... 36 clinics throughout Germany, Italy and Belgium.

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ERDC attends dental conference in Garmisch



A scenic view of the mountains in Garmisch, Germany where ERDC held their annual dental conference.

The Europe Regional Dental Command's Annual Dental Conference was held Oct. 5–9 in Garmisch, Germany. More than 240 dentists from nine foreign services including the U.S. Air Force and U.S. Navy, earned 30 continuing education hours. Social events, which included Bavarian Night festivities, offered the dentists a chance to enjoy a bit of fun during a very educational week.

Bavarian Night Festivities offered conference attendees a chance to relax while experiencing traditional German customs.

Photos by Rick DuVall, ERDC



Where's the dental bus?

- 26 Oct–8 Nov
Rotterdam

Schedule subject to change



Traditional Germany dancers perform for guests during the Bavarian Nights Festivities.

255th Medical Detachment sets up base at Camp Babylon

By Col. Barry D. Moore
30th Medical Brigade,
V Corps

Camp Babylon, Iraq — The 255th Medical Detachment (MED DET) recently relocated to the Multi-National Division (MND) Area of Responsibility (AOR) near Basra in Iraq where they are supporting Operation Iraqi Freedom (OIF).

As a Corps level asset the unit will be working within the entire MND area. The Polish contingency commands all forces within the MND.

The MND is made up of 20 different countries totaling approximately 12,000 troops. The largest contingents are the Polish, Spanish and Ukrainian.

The 255th MED DET has established their base of operations at Camp Babylon, in the vicinity of the ancient ruins.

The area is the site of one of the ancient wonders of the world — the Hanging Gardens of Babylon and King Sargon's palace.

However, for troops of the 255th MED DET it is business as usual as they provide full spectrum preventive medicine support. This includes water quality monitoring and analysis, food service sanitation and inspections, environmental health inspections, disease control and prevention, dis-



Photo courtesy of 255th Medical Detachment
Using a backpack insecticide sprayer, Spec. Morawski treats the dining facility located at Camp Babylon, Iraq where Soldiers from the 255th Medical Detachment are working in support of Operation Iraqi Freedom.

ease vector monitoring and suppression, camp and field sanitation assessments, and environmental monitoring.

As part of their vector monitoring and suppression program, the 255th MED DET applies insecticides to kill vectors that transmit diseases to soldiers.

They test the water for bacteria in their field laboratory, and conduct health inspections at contract dining facilities to ensure all soldiers receive quality safe food and water.

According to Col. Barry D. Moore, Chief of Staff, 30th Medical Brigade, V Corps, troops assigned to the 255th Medical Detachment (Entomology) have been a key unit of the 93rd Battalion, 30th Medical Brigade since their

deployment earlier this year.

"They have provided force health Protection to many thousands of our deployed forces and continue to soldier on wherever their missions take them. They have operated under the harshest of conditions from the Kuwaiti Northern Desert into and across Iraq. Their performance has never been less than outstanding," he said.

Moore explained how the unit's mission is very important for the success of the MND which is in the building phase of their deployment.

"The 255th MED DET is providing vital preventive medicine services until the MND develops and receives more of their organic assets," he said.

30th Medical Brigade



IN CRUCE
MEA FIDES

(IN THE CROSS
IS MY FAITH)

www.30thmed.army.mil/

MISSION:

On order, the 30th Medical Brigade rapidly deploys a task organized, integrated Medical Task Force providing quality Combat Health Support (CHS) during the full range of military operations and augments the Theater Health Services mission as directed by V Corps. —



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418th Medical Logistics Company redeploys

By Cheryl Navo
USAMMCE Public Affairs

Pirmasens, Germany – For the past ten months, the workforce at the United States Army Medical Materiel Center, Europe (USAMMCE) has been augmented by soldiers from the 418th Medical Logistics Company, Fort Sam Houston, Texas, who were deployed in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

The 418th soldiers have finally returning to their homes and families. Beginning Oct. 1, the

mission of augmenting the USAMMCE workforce was undertaken by Alpha Company, 226th Medical Battalion (Logistics, Forward), from Miesau, Germany.

During their deployment to USAMMCE, soldiers from the 418th served on many diverse teams across eight divisions, and supported missions such as: Acquisition, Storage, and Distribution of Medical Materiel; Assembly, Reconstitution, and Disassembly of medical Sets, Kits, and Outfits; Clinical Engineering Support; Optical Fabrication; Customer Support;

and War Reserve and Pre-Positioned Stock Management. During the 418th deployment, Team USAMMCE provided a variety of support to peacetime customers and additionally, to over 500 OEF and OIF customers.

During the last ten months this diverse medical logistics team managed, received, packed, and shipped over 193K lines of Class VIII supplies, weighing over 5,600 short-tons, valued at over \$135M; produced over 76,000 spectacles; and completed over 6,900 Medical Maintenance work-orders.



*Photo by
Capt. Corey V.
Daughtrey*

Members of the 418th Medical Logistics Company, stand in formation during a Transfer of Authority ceremony Oct. 1, 2003.



*Photo courtesy
USAMMCE Public Affairs*

Dr. Bernhard Mattheis, Pirmasens Lord Mayor, and Col. Jettaka Signaigo, stand next to a newly planted weeping willow tree.

Beneficiary needs remain top priority with retirement of medical transport

By Troy Kitch
TRICARE Europe
Public Affairs

The retirement of the U.S. Air Force's C-9 Nightingale Aeromedical Evacuation aircraft this month will lead to changes in medical travel, but TRICARE beneficiaries can expect continued access to quality health care. These changes will not affect TRICARE Europe benefits. There are still many different ways for beneficiaries to receive routine, priority, or emergency care in Europe.

For routine care, local MTF staffs will work with patients to determine the best available care options. In some cases, patients who need certain types of routine care may be authorized to travel to larger MTFs via military or commercial air or ground transportation.

In other cases, patients who need routine care that is locally available may be referred to members of TRICARE Europe's Preferred Provider Network (PPN).

How and where a patient will be treated will be managed on a case-by-case basis by local MTF staffs in collaboration with patients and their families.

The quality of care offered by host nation PPN members is absolutely comparable to the care that U.S. doctors provide, according to Air Force Col. (Dr.) James Rundell, TRICARE Europe Executive Director.

"Over the past year, TRICARE Europe has worked hard to optimize the quality of care provided by the PPN, and the network has been comprehensively analyzed to ensure it can meet the needs of TRICARE Europe beneficiaries when the C-9 retires," he said.

"We expect the impact of the C-9 divestiture to be minimal. This is because of our network adequacy analysis and because many MTFs have already been using host nation providers with more frequency in recent months due to ongoing contingencies and deployments," said Rundell.

"We have over 8,000 members in the PPN throughout Europe who augment the military healthcare system year round — and we consistently get excellent feedback from beneficiaries about the care they receive from these members. The retirement of the C-9 will not change the excellent health care services that our beneficiaries expect."

While the health care experience in a host nation clinic or hospital may not be exactly the same as in the U.S., Rundell stressed that the providers in the TRICARE Europe PPN are fully qualified, quality medical providers.

TRICARE Service Center staff members and Patient Liaisons are also available to help bridge cultural and language gaps.

These personnel understand the local culture and clinical practice environment and can help beneficiaries better understand their experience when referred to a host nation provider.

TRICARE Europe continually monitors the quality of care provided by host nation providers in the PPN to ensure beneficiaries receive the best possible care.

"We constantly gather data about each provider in our PPN from patient surveys and other feedback tools," he said, "We use that data to make deci-

sions about the future development of the PPN program. At this point, our PPN program is more robust than it has ever been. If you are referred 'downtown' for care, we want you to know that you are in good hands."

TRICARE Europe's quality monitoring program also helps to ensure that each member of the PPN continues to meet high standards of care. If an MTF finds that a provider is not meeting standards, they have the option to discontinue the PPN agreement with that member.

TRICARE Europe's PPN membership agreements are reviewed for renewal on an ongoing, regular basis.

"The members of our PPN represent the best-available host nation providers in Europe, Africa, and the Middle East," said Rundell. "We're proud of the relationships we have with providers around Europe, and we're confident that our beneficiaries will be satisfied with the care they receive."

For more information on the TRICARE Europe Preferred Provider Network, see www.europe.tricare.osd.mil or stop by your local TRICARE Service Center. Beneficiaries may learn more about medical travel changes resulting from the retirement of the C-9 from their local MTF.

Editor's Note: contact TRICARE Europe for queries regarding the TRICARE Europe Preferred Provider Network. If you have questions about the retirement of the C-9 aircraft in Europe, please contact USAFE Public Affairs at DSN 480-6558 or commercial +49-6371-47-5558.

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"We have over 8,000 members in the PPN (Preferred Provider Network) throughout Europe who augment the military healthcare system year round—and we consistently get excellent feedback from beneficiaries about the care they receive from these members," said Rundell.

USAMRU-E



The U.S. Army Medical Research Unit—Europe, located in Heidelberg, Germany, conducts research to support the U.S. Army.

Recent examples:

- Military Operations in Iraq
- Military Operations in Afghanistan
- Deployment to the Balkans
- Operations Tempo in US Army, Europe
- Work load of U.S. Army Senior Leaders

Psychological screening for OIF troops

Heidelberg, Germany — Recent implementation of the US Army Medical Research Unit-Europe's (USAMRU-E) psychological screening program with soldiers re-deploying from Iraq provides an opportunity to conduct a validation study of the screening program while identifying soldiers in need of mental health follow-up.

In July 2003, V Corps Artillery contacted USAMRU-E requesting support for psychological screening as soldiers redeployed from Operation Iraqi Freedom. After an initial screening of those unit members who had already returned to Germany, USAMRU-E began weekly screenings of soldiers returning in small groups.

Screening of additional V Corps Artillery units is projected to occur in Spring 2004. The latest screening efforts use traditional

screening scales that tap levels of psychological symptoms including depression, post-traumatic stress, anger, and relationship problems.

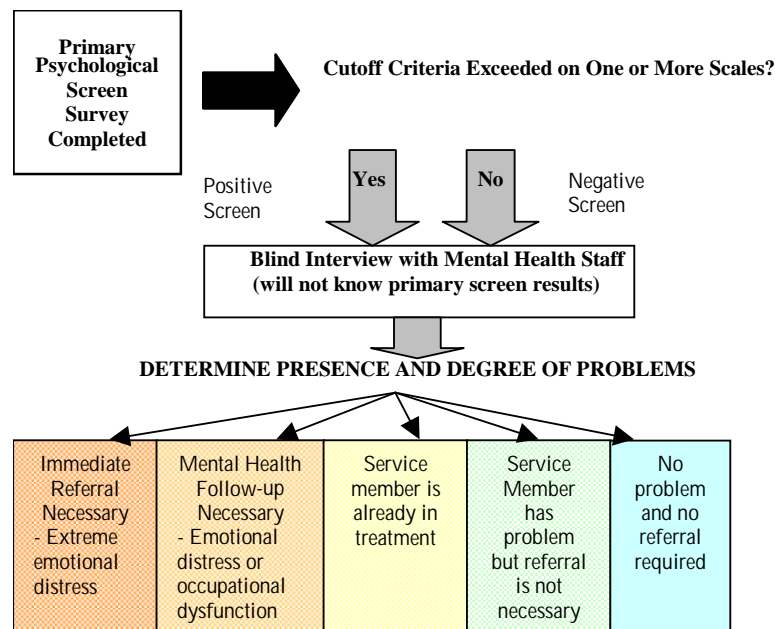
However, unlike previous screening procedures in which soldiers were interviewed by a mental health specialist only if they exceeded established cut-off scores, all soldiers in this validation study are being interviewed using a new standardized interview procedure (see diagram for description of validation study screening procedure).

This study continues the program of systematic research assessing the validity of the screening instruments and will further the comprehensive development of a psychological screening program with U.S. Forces.

In other developments related to the psychological screening program, deployed units continue to request information on the screening program including the 44th MEDCOM, Operation Enduring Freedom, Afghanistan, and the Combat Stress Control team in Kosovo supporting rotation 5A.

USAMRU-E's psychological screening program was also presented to the Armed Services Biomedical Research, Evaluation and Management Committee (ASBREM) by Col. Charles Hoge, the Scientific Technology Objective (STO) Program Manager, Sept. 11, 2003.

Article courtesy of US Army Medical Research Unit-Europe



Graphic
courtesy of
USAMRU-E

AWARDS



...People will remain the
centerpiece of all we do—

Soldiers, civilians,

retirees and veterans...

The Army Vision



ERM

*"Caring for Our Nation's Best"
Medics Forward ... Any mission,
Anywhere!*

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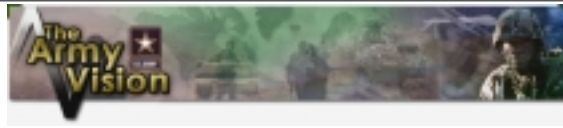
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Military Awards Program — <https://www.perscom.army.mil/tagd/awards/index.htm>

Civilian Incentive Awards Program — <http://cpol.army.mil/permits/53.htm>

ERM Awards — Joyce Luton DSN 314-371-3354

Legion of Merit

Lillis-Hearne, Patricia, Col.,
WMEDDAC

Soldier's Medal

Fleck, Timothy, Chief Warrant
Officer 3, 67th CSH

Meritorious Service Medal

Espinoza, Mark, Sgt. Maj.,
WMEDDAC

Hildabrand, Annette, Maj.,
USACHPPMEUR

Shepler, William, Lt. Col.,
USACHPPMEUR

Winston, James, Cpl.,
USACHPPMEUR

Davidson, Stacey,
USACHPPMEUR

Hayes, Marylou,
USACHPPMEUR

Stangl, Ute, USACHPPMEUR

Statham, Charles,
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Williams, Matthew,
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Horan, Martin,
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Zoller, Petra, USACHPPMEUR

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DeLeeuw, Keith Sgt.,
HMEDDAC

Length of Service — 25 Years

Perez, Miguel, HMEDDAC

Worku-Berhane, Elfinesh,
HMEDDAC

Length of Service — 10 years

Murphy, Jean, HMEDDAC

Certificates of Appreciation

Bazan, Ernest, HMEDDAC

Bean, John, HMEDDAC

Bell, Loretta, HMEDDAC

Bibbee, Linda, HMEDDAC

Biere, Charles, HMEDDAC

Bishop, Patrick, HMEDDAC

Cadwell, Lori, HMEDDAC

Fairy, Edeltraud, HMEDDAC

Finney, Elizabeth, HMEDDAC

Goebel, Gulay, HMEDDAC

Goebel, Hasan, HMEDDAC

Hall, Michael, HMEDDAC

Harris, Tracey, HMEDDAC

Helgeson, Callie, HMEDDAC

Jasso, Lorenza, HMEDDAC

Jaeger, Cindy, HMEDDAC

Jones, Dennis, HMEDDAC

Jones, Michelle, HMEDDAC

Latorre, Angela, HMEDDAC

Leonard, Stacy, HMEDDAC

Lewis, Silvia, HMEDDAC

Paulson, Carol, HMEDDAC

Puyol, Alex, HMEDDAC

Reformat, Kimberly,
HMEDDAC

Regel, Birgitta, HMEDDAC

Roberts, Susan, HMEDDAC

Rudolf, Reinhard, HMEDDAC

Schubert, Dirk, HMEDDAC

Schumann, Frank, HMEDDAC

Smallwood, Jean, HMEDDAC

Smith, Jackie, HMEDDAC

Snell, John, HMEDDAC

Steyer, Kyong, HMEDDAC

Tibbs, Jennifer, HMEDDAC

Webster, Howard, HMEDDAC

Williams, Andrea, HMEDDAC

Wright, Danny, HMEDDAC

Yousfi, Corinna, HMEDDAC

Army Commendation Medal

Eustache, Monday Sgt.,
HMEDDAC

Glenn, Russell Spc.,
HMEDDAC

Hennion, Duane, Capt.,
WMEDDAC

Hernandez, Eric, Spc.,
HMEDDAC

Knowles, Shawn Sgt.,
HMEDDAC

Louderback, William Staff
Sgt., HMEDDAC

Price, John, Spc., HMEDDAC

Army Achievement Medal

Couto, Carlos Spc.,
HMEDDAC

Diaz, Joshua Spc.,
HMEDDAC

Gattenby, Rachelle, Sgt. 1st
Class, WMEDDAC

Hernandez, Eric Spc.,
HMEDDAC

Leefers, Viki Maj., HMEDDAC

Reed, Roderick Staff Sgt.,
HMEDDAC

Walker, William Spc.,
HMEDDAC

Williams, Jaime Spc.,
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Williams, Jaime Spc.,
HMEDDAC

Performance Award

Croft, Ken, USACHPPMEUR-

Davidson, Stacey,
USACHPPMEUR

Ellis, Kenrick ,
USACHPPMEUR

Franz, Adriana,
USACHPPMEUR

Hall, Jonathan,
USACHPPMEUR

Hamilton, Christina,
USACHPPMEUR

Richardson, Michael,
USACHPPMEUR

Oravetz, Christopher,
USACHPPMEUR

Villani, Vittoria,
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Williams, Richard,
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Williams, Richard,
USACHPPMEUR

On-the-Spot Cash Award

Ackley, Karin, USACHPPMEUR

The U.S. Army Europe Regional Medical Command was activated on Oct. 16, 1994, under the command and control of the U.S. Army Medical Command, headquartered at Fort Sam, Houston, Texas. The command was originally designated the European Health Service Support Area, one of seven Army health service support regions throughout the world. To clarify beneficiary recognition of their mission, all health service support areas were re-designated regional medical commands in July 1996.

To meet the European challenge of the ever changing medical environment and the military force, Europe Regional Medical Command oversees and maintains the successful operation of the Army's 30 healthcare facilities in Germany, Italy and Belgium.